

Location: _____ Date: _____

1. How would you rate the **Feeling Safe, Being Safe** training session?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

2. Are the tools helpful?

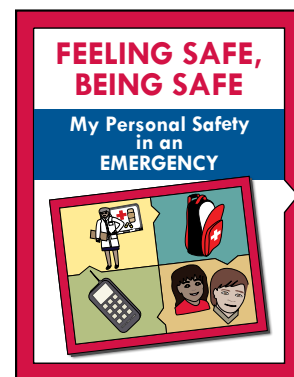
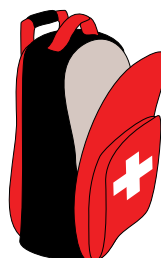
☐ Yes  ☐ No 

3. Do you feel prepared?

☐ Yes  ☐ No 

4. Was your website host helpful?

☐ Yes  ☐ No 



Comments:

5. Do you have suggestions about how to improve our webcast training?



Comments:

Thank You